



**WRITTEN COMMENTS OF THE
PENNSYLVANIA PSYCHIATRIC SOCIETY**

**BEFORE THE
SENATE JUDICIARY COMMITTEE**

**ON
BEHAVIORAL HEALTH, SECOND AMENDMENT RIGHTS
AND OTHER GUN RELATED ISSUES**

SEPTEMBER 24, 2019

Good morning, Chairman Baker and esteemed members of the Senate Judiciary Committee. The Pennsylvania Psychiatric Society (Society), a district branch of the American Psychiatric Association (APA), represents over 1,500 physicians across the commonwealth who practice the medical specialty of psychiatry. We appreciate the opportunity to provide written comments on this important issue.

My name is Kenneth M. Certa, MD. I am the co-chair of the Society's government relations committee. I am board certified in general and consultation-liaison psychiatry, working primarily teaching medical students and residents at Jefferson Hospital in Philadelphia. My main career focus is emergency psychiatry, as well as helping to manage patients admitted to our hospital, often following suicide attempts. I have served on the board of the Pennsylvania Medical Society and represent psychiatry in its Specialty Leadership Cabinet; I currently sit on the board of the American Psychiatric Association and am a delegate from psychiatry to the American Medical Association House of Delegates. I have had a close-up view of the ravages of gun violence clinically and have participated in many discussions of many ways to get this problem under better control.

The mission of the Psychiatric Society is to assist those individuals suffering from mental illness and substance use disorders to recover to lead a full life. Mental illness frequently prevents employment, or marriage to those employed; hence many of those with severe mental illness have no private health insurance and instead must rely on state-supported services. Access to care is a major issue, for both their mental illness as well as the frequent medical comorbidities of diabetes, obesity, and cardiovascular disorders.

In the wake of recent tragedies in Dayton, El Paso, Albuquerque and similar events preceding them, the media, researchers and even our president have speculated on what role mental health services might play in such incidents. Issues concerning guns and mental health have been thrust into the headlines, and, understandably, our public officials are seeking ways to prevent such tragedies. We appreciate the opportunity to work with this committee and our fellow stakeholders to focus efforts on addressing problems related to how mental health and substance use services are delivered and offer potential solutions to enhance service delivery. We are cognizant of the fact that state, county and local funds have been reduced significantly over the past few budgetary cycles and are aware that any viable suggestions must be budget neutral or able to justify the expenditure of additional budget dollars to institute change. It is our goal today to provide some recommendations and offer our clinical expertise to assist in policy development and implementation.

Despite gains in recent decades, the stigma of mental illness remains one of the greatest barriers to treatment. Any efforts to attempt to reduce violence by addressing untreated mental illness must do so without increasing stigma. Any barrier to treatment means that we lose the chance to help troubled individuals who are reluctant, or whose families see it as shameful. There is little evidence for the stigmatization in any case. Research shows that only a small percentage of individuals with serious mental illness (less than 5%) commit violent acts against others. The research also demonstrates that those with serious mental illness who go **untreated** are far more at risk of being the victim of a violent crime than being the cause of these horrible tragedies. On a national level, firearms and the role that untreated or undertreated mental illness plays in these tragedies has taken center stage. Unfortunately, many people with mental illness are not being treated because they feel stigmatized, do not have insurance, do not realize there are ill or there

just are not enough providers in the area. We encourage committee members to keep this in mind when considering recommendations or proposed legislation affecting those with mental illness. The Society will oppose any legislation or policy that perpetuates stigma against individuals with mental illness, substance use disorders or intellectual disabilities. We would instead propose the following:

- **Enact Extreme Risk Protection Order (ERPO) legislation:** The Society stands firm with our healthcare coalition partners, Representative Stephens and Senator Killion in our support for the enactment of ERPO legislation in the commonwealth during this legislative session. As a consultation psychiatrist in an urban teaching hospital, I see the devastation a family goes through when a loved one attempts or completes a suicide by firearm. I see the heartbreak of a child when one of their parents is shot by their partner during a domestic dispute. In the city of Philadelphia, too often a parent is burying a child that was accidentally shot by a stray bullet as a result of gun violence or a drug deal gone wrong. When considering our position on ERPO legislation, the Society thoughtfully reviewed research done by our medical colleagues since the Sandy Hook tragedy, our national position statements on guns and other peer review articles within reputable journals of medicine. It is our belief that establishing ERPO's in the commonwealth would assist greatly in preventing suicide by firearm, increase the odds that individuals with untreated mental health issues at risk for self-harm would receive treatment and save many families the ongoing grief that accompanies a death by suicide. Currently 17 states and the District of Columbia have enacted ERPO/red flag-related legislation (including eight states during the last legislative session). We strongly encourage the movement of Senate Bill 90 out of your committee and favorable consideration of House Bill 1075 when it gets to your chamber. A copy of our support letter, along with a copy of APA's Resource Document on Risk-Based Gun Removal Laws and APA's Position Statement on Firearm Access, Acts of Violence and the Relationship to Mental Illness and Mental Health Services is enclosed for your reference to substantiate our support for this issue. The Position Statement in particular is a careful analysis by our organizations senior clinicians concerning the many mistaken views about mental illness and gun violence; I highly recommend a careful reading of it.

- **Increased Screenings for Children, and Youth of Transitional Age:** In analyzing recent tragedies across the county, a common theme is of a troubled youth, young adult or troubled adult who has either never received mental health or substance use treatment or has "fallen through the cracks." According to the Centers for Disease Control (CDC), approximately 47,000 suicides are completed each year across the United States (which translates to about 123 Americans per day). Many of these suicides occur in youth and young adults who are transitioning in or out of the school system. This vulnerable population needs being screened to ensure that no child is left behind. While only a small percentage of youth act out violently, events such as Newtown and Parkland intensify the need to ensure that proper screenings for suicide, substance use and mental illness occur early in the game, rather than when it is too late.

We strongly support efforts to train school personnel in identifying early warning signs of violent behavior in children and adolescents prior to their entering higher education. The APA launched an initiative through the American Psychiatric Foundation entitled, *Typical or Troubled?* after the tragedy at Columbine. Created and sustained with private funding, this program trains all school personnel who interact with students to distinguish between students who are "just being kids" to those who demonstrate early signs of mental illness. Since its inception in 2006, over 80,000 school personnel in over 220 school systems in the United States and Puerto Rico have

been trained and utilize this program. Although a program such as this does not guarantee the successful screening of all young adults in need of treatment, this is a good start.

On a state level, over 2,000 Pennsylvanians die each year from suicide. This is the third leading cause of death for individuals aged 15-24 in the commonwealth. As a result of this disturbing epidemic, Governor Wolf recently created the Pennsylvania Suicide Prevention Task Force, obtaining an additional \$3.68 million in federal funding for youth suicide prevention. The Society applauds the Wolf Administration for taking important steps toward addressing unmet needs for our children.

We **strongly** encourage continued funding both on a state and national level to address this critical need.

- **Increased Mental Health and Substance Use Funding:** When a tragedy occurs, people seek to determine whether the current mental health system failed, or if there were adequate resources to access which were ignored. Although every state can highlight innovative programs that support recovery, the nation's mental health system has become weakened by the lack of financial resources. In Pennsylvania alone, there had been significant cuts to state and county funding over the last decade during a time when additional treatments and services are needed for all citizens of our state. Many outpatient clinics have been forced to close, or severely limit the programs that consumers count on to assist in their recovery. We are keenly aware that the fiscal reality is that budget cuts need to occur, but they should not be done on the backs of those with mental illness and substance use disorders.

We join the APA in advocating for robust investment in biomedical research and ongoing initiatives at the state and national level to develop and implement new treatments for mental health and substance use needs. This crisis that costs over \$600 billion annually (per the National Institute on Drug Abuse) and directly contributes to family disintegration, unemployment, and domestic violence. We need to support significant investments in mental health and substance use services, especially in early intervention and prevention services, supportive housing and employment, suicide prevention initiatives, anti-stigma initiatives, and jail diversion programs. Reaching people early, especially those in vulnerable population groups, improves quality of life while significantly reducing long-term healthcare costs.

Although funding is at a premium, adverse outcomes such as incarceration and increased violence will cost the commonwealth more in the long run. If mental health initiatives are funded properly, a reduction in these adverse outcomes, as well as medical hospitalizations, will be achieved.

- **Forensic needs:** With the closure of various state hospitals and mental health facilities across the commonwealth over the past ten years, coupled with the barriers to treatment stated above, there has been an increase in those individuals with mental illness being charged with crimes. Our forensic psychiatrists across the state are experiencing problems providing treatment to patients incarcerated in local and county jails; they are often serving their time for crimes that occurred while their mental illness was not under control. Many of these patients suffer from substance use disorder and need support in that area as well. OMHSAS and the PA Commission on Crime and Delinquency (PCCD) jointly created the Mental Health Justice Advisory Committee (MHJAC) in late 2009 to bring together a variety of representatives from law

enforcement, the courts, county government, mental health and substance use providers, consumers and family members to assess the need for additional treatment and services. The Society is interested in working with OMHSAS and other interested stakeholders to find ways in which we can assist these individuals prior to them becoming incarcerated or being transferred into the forensic units of state hospitals. We encourage you to continue to look closely at such issues as mental health courts, drug courts and training for law enforcement personnel in crisis intervention and mental health issues.

- **Other gun-related legislation:** The Society also supports proposed legislation such as House Bill 525 (Protecting Minors from Accidental Gun Injuries/Death), House Bill 673 (Closing the Background Check Loophole for Long Guns) and House Bill 1288 (Reporting Lost or Stolen Firearms). These types of safeguards, along with the safe storage of guns and safety gun locks of some sort will assist greatly in ensuring that guns (illegally obtained or obtained by a licensed dealer) do not get into the hands of those unable to safely use them. We are in agreement with the testimony of one of our members, Dr. Rozel, delivered at a recent hearing (attached.)

In closing, we applaud Chairwoman Baker for working diligently to address concerns with providing access to adequate treatment for those suffering from mental illness and substance use issues. We are keenly aware that Pennsylvania is a state that respects the Second Amendment right to bear arms. However, our forefathers could not predict the societal, emotional and psychological damage that could occur when firearms are obtained by unsafe individuals or the circumstances in which a responsible gun owner would need to have their gun temporarily taken away in a time of personal emotional crisis. A physician's top priority is to protect their patient from self-harm and to ensure they are treated with the most clinically effective services.

The Society extends our willingness to work on these important issues with you. Our members relish the opportunity to provide clinical perspectives at any time. We also look forward to working with members of this committee, House and Senate leadership, and specifically the Departments of Aging, Drug and Alcohol Programs, Health, and Human Services, to develop policies and procedures that state and local municipalities can use to better serve those patients and their families needing treatment and services for substance use and mental health disorders, while preserving every person's right to freedom and individualized recovery.